

7005 1160 0004 4342 1181

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com ®	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To <i>No Bhushan mandava</i>	
<i>mandava Associates, LLC</i>	
<i>Agent for Repar Corporation</i>	
Street, Apt. No., or PO Box No. <i>1058 Connecticut Ave, NW,</i>	
City, State, ZIP+4 <i>Washington, DC 20036</i>	
PS Form 3800, June 2002	
See Reverse for Instructions	

UNITED STATES POSTAL SERVICE

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

14 MAY '14

PM 31

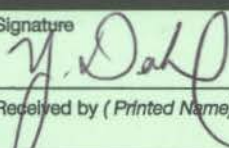
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

K. NGUYEN
USEPA/OCSP/OPP/PRD/RMIBI/MC7508P
ARIEL RIOS BLDG.
1200 PENNSYLVANIA AVENUE NW
WASHINGTON, DC 20460

MAY 19 2014

20460

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X  <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> N. Bhushan Mandava Mandava Associates, LLC Agent for Repar Corporation 1050 Connecticut Avenue, NW, Suite 1000 Washington, DC 20036 EPA Reg. Numbers: 69361-29, -30, -31, -32 </div>		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7005 1160 0004 4342 1181	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	